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May 21, 2010

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *je fielding ms*
Director and Health Officer

SUBJECT: **STD CONTROL PLAN EVALUATION**

The attached report is an evaluation of the Department of Public Health's (DPH) Sexually Transmitted Disease (STD) Control Plan. The Plan was developed in response to a request by your Board for DPH to create a comprehensive strategy to address the increased morbidity in STDs in Los Angeles County. In September 2006, your Board approved the Plan, and implementation began early 2007, with activities continuing until January 2010. The Third Supervisorial District provided over \$2 million for three fiscal years to implement and support the Plan.

The Plan focused on two populations identified as having high rates of STDs: young African American and Latina women and men having sex with men. The Plan included many innovative elements including social marketing campaigns, a home test kit, and a Community Embedded Disease Intervention Specialist program. This report evaluates the success of the elements of the Plan in reaching the target populations and providing education and resources to the target populations to promote behavior change and healthy lifestyles.

If you have any questions or would like additional information, please let me know.

JEF:mh

Attachment

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

STD Control Plan Evaluation Report

**Prepared for the Los Angeles County
Board of Supervisors**

**Los Angeles County Department of Public Health,
Sexually Transmitted Disease Program**

May 2010

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EXECUTIVE SUMMARY

Background

In response to increases in morbidity in sexual transmitted diseases (STDs) in Los Angeles County, the County of Los Angeles Board of Supervisors instructed the Department of Public Health (DPH) to develop a comprehensive STD control strategy.

In September 2006, DPH provided a strategy that included social marketing campaigns targeted to young African American and Latina women and men having sex with men (MSM), two populations who have high rates of STDs. These campaigns were designed to motivate these populations to engage in routine STD testing and to develop and implement a Community Embedded Disease Intervention Specialist (CEDIS) program to improve partner elicitation and notification for MSM with positive syphilis test results.

In fiscal year (FY) 2006-07, the Third Supervisorial District allocated \$718,108 of its own discretionary funds to support the social marketing campaigns. Subsequently, in FYs 2007-08 and 2008-09, the Third District provided an additional \$718,108 and \$700,000, respectively, to sustain and augment these campaigns.

Based on the STD epidemiology, qualitative formative research, and input from community advisory groups, the *I Know* and *Check Yourself* campaigns were developed for MSM and young women of color, respectively. The *I Know* campaign was designed to motivate young African-American and Latino (Spanish and English dominant) women to test for chlamydia (CT) and gonorrhea (GC) on a routine basis, while the *Check Yourself* campaign was designed to motivate MSM to test for syphilis on a routine basis.

In order to implement the CEDIS program, the STD Program identified two agencies that report a plurality of new early syphilis cases among MSM in Los Angeles County: the Los Angeles Gay and Lesbian Center and AIDS Healthcare Foundation.

Campaign Activities

Both the *I Know* and the *Check Yourself* campaigns were launched on June 26, 2007, less than four months after approval of the contract with Fraser Communications, the vendor selected to provide research, creative work, and media buys for the campaigns. All elements of both campaigns, including the websites, were produced in both English and Spanish.

The *I Know* campaign included outdoor advertising, guerilla media, print publications, online advertising, targeted cable TV ads, text messaging, movie theatre advertising, and campaign-linked outreach for an estimated total of 341.7 million impressions.

In addition, the California Family Health Council (CFHC) administers distribution of federal Title X funds for family planning, and supports research and programs related to reproductive health. CFHC has been highly supportive of the *I Know* campaign as a valuable contribution to their core mission, and has contributed substantial resources to augment *I Know* campaign efforts.

The *Check Yourself* campaign included outdoor advertising, guerilla media, print publications, online advertising, movie theatre advertising, and campaign-linked outreach for an estimated total of nearly 189 million impressions (*not* including outreach and most bonus media placements).

Campaign Evaluation Results

***I Know* Campaign**

- The *I Know* social marketing campaign was evaluated with interview surveys collected prior to the launch of the campaign (baseline) and at the completion of the campaign (endline) from independent samples among young African-American and Latina (Spanish and English dominant) women.
- The *I Know* campaign is one of the first programs in the United States to specifically address CT and GC in young women of color. The campaign was developed based on extensive formative research, focus groups with the target, and consultation with a community advisory groups (CAGs) of agencies and community leaders serving the target population.
- The campaign achieved a very high level of awareness (63%) among young African American and Latina women.
- Women who were aware of the campaign were more than 1.5 times more likely to have tested for CT and GC in the previous six months than those who had not seen the campaign.
- Those who had seen the campaign were also more aware of CT and GC.
- In 2009, the *I Know* campaign launched an initiative to offer CT and GC testing via a home test kit, which was offered on the campaign website, www.DontThinkKnow.org.
- In the first eight months of operation, the home test kit program generated 2,572 orders, resulting in 1,350 specimens being sent to the Public Health Laboratory, and detection of 108 positives (8.4% of testable specimens, a level of case detection exceeding that of many STD clinics).

***Check Yourself* Campaign**

- The *Check Yourself* social marketing campaign was evaluated with interview surveys collected prior to the launch of the campaign (baseline) and at the completion of the campaign (endline) from independent samples of ethnically-diverse MSM in Los Angeles County.
- The *Check Yourself* Campaign achieved an extremely high level of awareness (88% according to the endline survey).

- The campaign was very well received by MSM, the target audience, who found the campaign ads to be appealing, relevant, and motivational overall.
- Those aware of the campaign demonstrated significantly more syphilis knowledge in several key areas than those who were unaware.
- While syphilis testing increased slightly from the baseline to the endline survey, and testing was higher among those who were aware versus unaware of the campaign, these results were not statistically significant.

CEDIS

- The CEDIS model was successful in improving partner services extended to MSM early syphilis cases in Los Angeles County by significantly reducing the time-to-interview of cases, increasing the number of partners elicited, and increasing the number of partners that could be preventatively treated.

INTRODUCTION

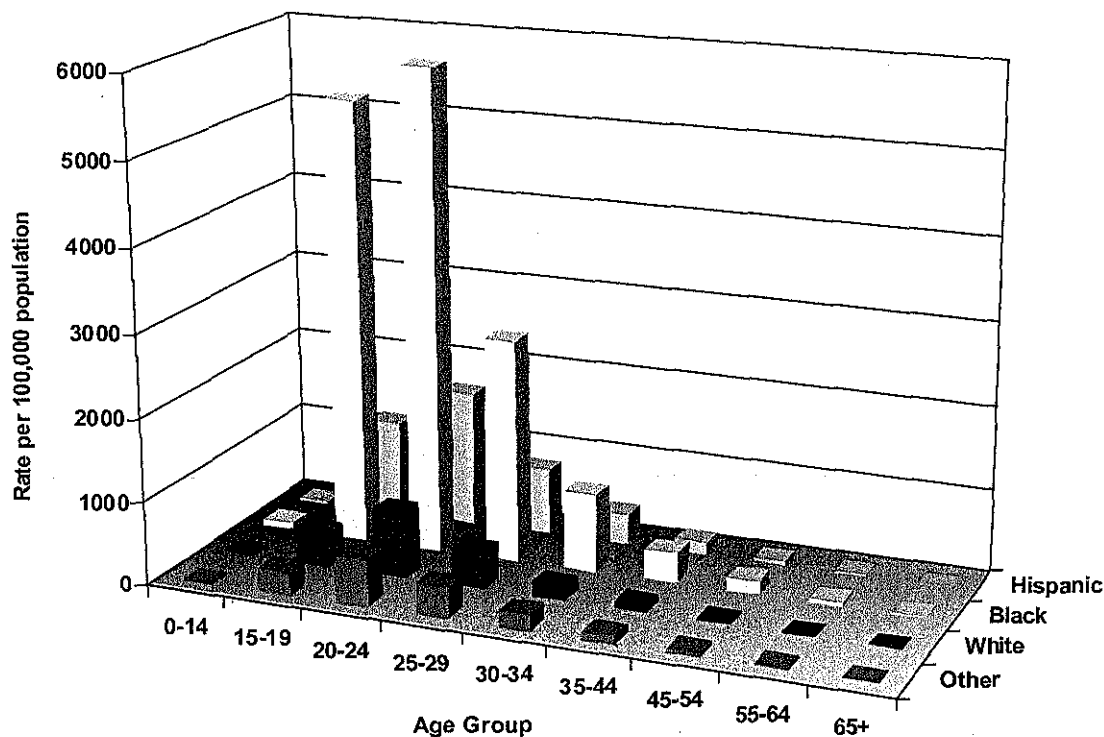
In response to the increasing STD (sexually transmitted disease) morbidity in Los Angeles County, on June 13, 2006, the Board approved a motion by Supervisors Yaroslavsky and Molina that directed the Department of Public Health (DPH) to develop and implement a comprehensive strategy for the prevention of syphilis and other STDs. On September of 2006, a comprehensive strategy was submitted to the Board developed by the DPH STD Program. This strategy included two key components for an effective STD control plan. The first was to develop social marketing campaigns to motivate young African-American and Latina women and men having sex with men (MSM) to test for STDs on a routine basis, and the second was an expanded and enhanced case finding and treatment program using Community Embedded Disease Intervention Specialists (CEDIS) to improve partner elicitation and notification for MSM with positive syphilis test results. This STD control strategy included a rigorous evaluation component to assess the impact of these efforts. This strategy was approved by the Board on March 6, 2007.

This report focuses on the evaluation of the CEDIS program and the two social marketing campaigns with a focus on the impact of social marketing on routine STD screening by the respective target groups (see Table 1 for specific details) and the outcomes of a chlamydia (CT)/ gonorrhea (GC) home test kit program associated with the *I Know* campaign. In addition, process measures associated with campaign media buys for each campaign will be presented.

STDs IN LOS ANGELES COUNTY

Since 1999, Los Angeles County had been experiencing a steady increase in three STDs: syphilis, CT, and GC. In 1999, annual reported cases for CT were 27,595, compared to 39,981 in 2005. A plurality of these cases were observed in Service Planning Areas (SPAs) 4 and 6 and primarily among young African-American and Latina women (see Figure 1). A similar trend was observed for GC with 6,061 cases reported in 1999 and 10,828 cases reported in 2005. Similarly, pluralities of these cases were observed in SPAs 4 and 6 among young African-American and Latina women (see Figure 2). These trends were partially explained by an increase in screening, particularly among high-risk populations, as well as improvements in testing, diagnostic sensitivity, and reporting. However, females and African-American groups were and continue to be disproportionately affected by these STDs.

Figure 1. 2006 chlamydia rates by age and ethnicity



An increasing number of syphilis cases had also been observed with 416 cases reported in 1999 compared to 1,217 in 2005. These cases were and continue to be primarily observed in SPA 4 among men who have sex with men (MSM; see Figure 3). In addition, among MSM syphilis cases, 6 in 10 reported being HIV positive with several associated risk factors including multiple partners, lack of condom use, and drug use.

Although, several efforts were underway to combat the spread of these STDs, an increasing trend for rates and cases was unmistakable for these populations. Moreover, a slight increase in syphilis cases was becoming apparent among women, an indication that the syphilis epidemic was crossing over into another segment of the population (see Figure 3).

Figure 2. 2006 gonorrhea rates by age and ethnicity

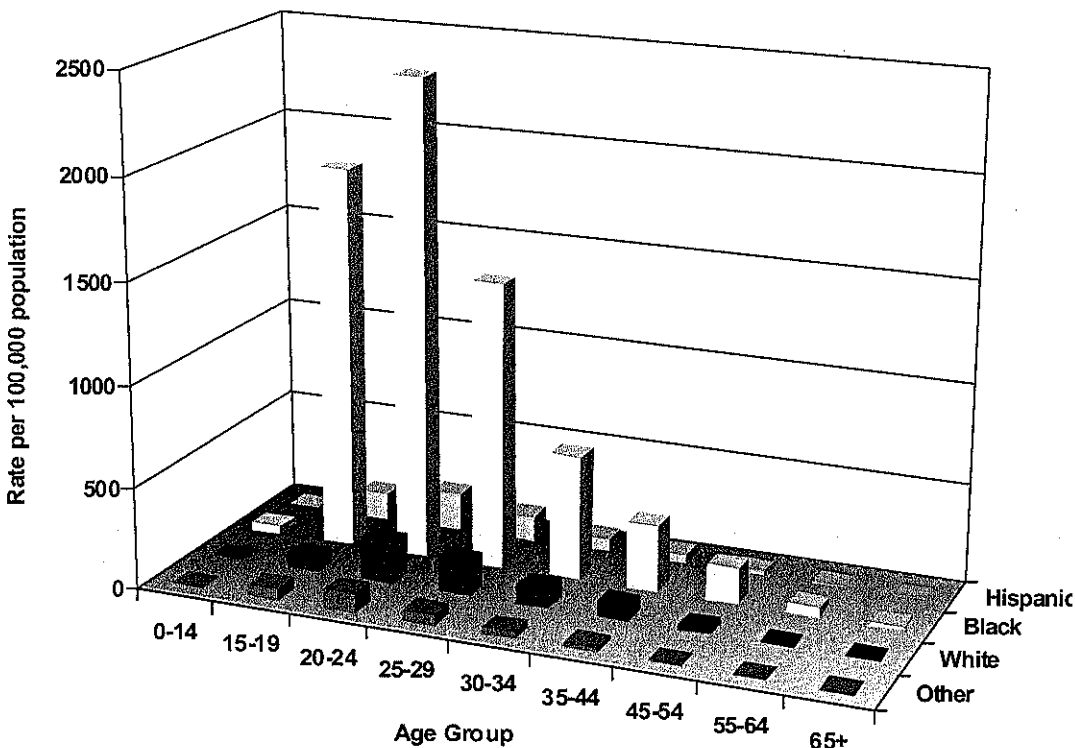
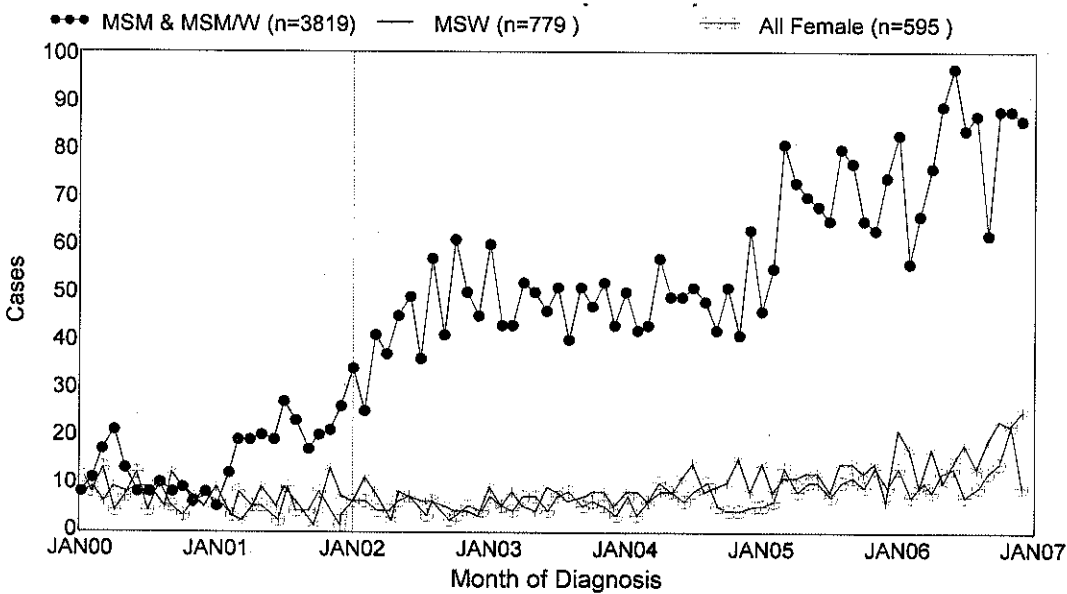


Figure 3. Syphilis trends from 2000 through 2006 by sexual orientation



* Does not include cases lacking partner information.

FINANCING OF THE STD CONTROL PLAN

In order to implement the STD Control Plan, the Third District provided a total \$2,136,216 over three fiscal years. In fiscal year (FY) 2006-07, the Third Supervisorial District allocated \$718,108 of its own discretionary funds to support the social marketing campaigns. Subsequently, in FYs 2007-08 and 2008-09, the Third District provided an additional \$718,108 and \$700,000, respectively, to sustain and augment these campaigns.

This sustained support has been crucial to the success of the campaigns. Prior experience with the *It's Back, It's Curable Campaign* syphilis prevention campaign in 2000 revealed that failure to maintain campaigns for an extended period coincided with a resurgence and expansion of disease transmission..

A sole source contract with Fraser Communications to handle all campaign elements was approved in March 2007. Both campaigns were launched in June 2007, less than four months after approval of the Fraser contract. All FY 2006-07 funds were expended prior to the end of June 2007, with principle media elements implemented from July through September 2007.

The availability of FY 2007-08 funds for Year 2 of the campaigns was confirmed in March 2008. Of the funds, \$99,157 were expended as of June 30, 2008, with the balance expended in FY 2008-09 through a no-cost extension of the contract. Altogether, Year 2 funds supported social marketing activities from late May 2008 through March 2009. New funds for Year 3 of the campaigns were allocated by the Third District in FY 2008-09. The funds supported a contract amendment with Fraser, effective from April 14, 2009 through April 13, 2010. These funds supported social marketing activities from April 2009 through January 2010. Funding was also used to support some additional campaign elements to sustain messages and resource features into the future, even in the absence of further funding.

For a summary of all campaign expenditures, see Appendices I-III.

The CEDIS program was funded by DPH at \$67,741 in FY 2007-08, \$119,023 in FY 2008-09, and \$89,222 in FY 2009-10 (through 3/10), for a total to date (through March 2010) of \$275,986.

SOCIAL MARKETING CAMPAIGN DEVELOPMENT

Based on the epidemiology of these STDs in Los Angeles County, qualitative formative research, and input from Community Advisory Groups (CAGs), two social marketing campaigns were developed to reach the two groups most impacted by STD morbidity. The first group was MSM and the second was young African-American and Latina women. This resulted in the implementation of the *Check Yourself* campaign for MSM and the *I Know* campaign for young African-American and Latina women.

The primary goal of the *Check Yourself* campaign was to motivate MSM to test for syphilis on a routine basis with a secondary goal of increasing awareness and knowledge about syphilis. The primary goal for the *I Know* campaign was to motivate

young African-American and Latina women to test for CT and GC on a routine basis with a secondary goal of increasing awareness and knowledge about CT and GC in these groups (see Table 1).

Each of the two campaigns began with the formation of CAGs, which included service providers that serve each of the populations targeted by the campaigns. The CAGs helped staff to identify key issues relevant to each target population, and assisted with the development of a focus group guide. A number of focus groups were held with the intended target audience. The results of the focus groups were one of the main pillars of the formative research, along with data mining, a review of other campaigns, and key informant interviews.

Based on the analysis of this qualitative research, four possible concepts for each campaign were created. These concepts were shown to the CAGs for feedback, and additional focus groups were conducted to test the concepts with the intended target audience. One concept was chosen for each target population and final modifications were made to the concepts based on the concept testing and feedback from the CAGs. A media plan was created, utilizing media the consumption patterns of the target population identified during the focus groups and other syndicated research sources. Promotional materials were distributed to community partners, and the media plan was implemented. The social marketing campaigns were launched on June 8, 2007.

COMMUNITY-EMBEDDED DISEASE INVESTIGATOR SPECIALIST (CEDIS) MODEL

The Community-Embedded Disease Investigator Specialist (CEDIS) model is a comprehensive strategy targeting the MSM community to provide expanded and enhanced case finding and treatment for newly-diagnosed early syphilis cases, including cases co-infected with HIV. The CEDIS was trained in Partner Services to the same standards as Public Health Investigators (PHIs) by the DPH STD Program Partner Field Services. However, two main differences distinguished the CEDIS model from the traditional PHI model. First, the CEDIS was stationed at the diagnosing clinic rather than at central headquarters so the CEDIS was rapidly routed information about newly-identified syphilis cases. Second, the CEDIS was a peer of the community and the clinic agency, not a DPH employee, and the job activities were fully integrated into the clinic's normal work flow.

The STD Program identified two agencies to implement the CEDIS model: the Los Angeles Gay & Lesbian Center (LAGLC) and the AIDS Healthcare Foundation (AHF). Both LAGLC and AHF reported the highest number of new early syphilis MSM cases among any clinic or provider in Los Angeles County. In 2007, LAGLC identified 149 early syphilis cases, approximately 10% of all early syphilis cases identified in the county; AHF identified 32 early syphilis cases, the second highest among any clinic or provider in LAC.

Table 1. Campaign, target group(s), and goals

Campaign	Target group	Objectives
<i>Check Yourself</i>	Men who have sex with men (MSM) in SPA 4	Primary: Motivate to test for syphilis every 6 months (or sooner if they have symptoms). Secondary: Increase knowledge & awareness for syphilis
<i>I Know</i>	African-American & Latina (Spanish & English Language) Women ages 15 through 25 in SPAs 4 and 6	Primary: Motivate to test for CT and GC every 12 months (or sooner if symptomatic). Secondary: Increase knowledge & awareness for (CT) & (GC)

SOCIAL MARKETING CAMPAIGN ACTIVITIES

Both the *I Know* and the *Check Yourself* campaigns were launched on June 26, 2007, less than four months after approval of the contract with Fraser Communications, the vendor selected to provide research, creative work, and media buys. All elements of both campaigns, including the websites, were produced in both English and Spanish.

The *I Know* Campaign

Media selection for the *I Know* Campaign was based on balancing several critical campaign requirements, and reaching a fragmented and dispersed target population. Based on focus groups conducted for the campaign, the ads had to perform several tasks all at once--they had to seize the attention of targeted viewers (young women of color ages 15-25), create awareness of the need for the product (CT and GC testing), motivate use of the campaign "product" (CT and GC testing), and promote the call to action (to get tested, or more immediately, to go to the campaign website or call the STD Hotline for more information). Ads also had to reach several distinct groups of women, including young African American women, young mainly English-speaking Latinas, and young mainly Spanish-speaking Latinas. Unlike the MSM target population of the *Check Yourself* campaign, there are not specific media channels aimed at these populations.

FY 2006-07

I Know campaign ads were concentrated in SPA 6, based on morbidity, but with significant coverage in SPA 4. Elements of the initial *I Know* media campaign commencing in June 2007 (FY 2006-07) are shown in Appendix 1. These elements consisted of eight weeks of outdoor ads, eight or more weeks of guerilla marketing

(unconventional promotion strategies), several types of collateral (handout) materials, and a campaign website, www.DontThinkKnow.org, that offered information on testing and clinic referrals by zip code.

Outdoor advertising on billboards and buses enabled a wide “reach” (high volume of impressions) to our target population that could still be targeted, by selection of billboard locations and bus routes to those geographic areas with the greatest morbidity. By complementing these media venues with smaller guerilla ad placements, which typically reach fewer individuals but in a more personal way that can generate strong “buzz” and word of mouth communication, we could effectively market CT and GC testing to our target population.

Outdoor media ran from July 2 through August 26, 2007, and included 125 “8-sheet” (5' x 11') billboards, 160 Bus Kings (30" x 144" ads on the sides of buses), and 800 interior bus cards. In the same basic period, there were two ad placements in L.A. Weekly, 20 classic board (restroom poster) placements, 500 lifestyle poster placements (e.g., in windows of business venues), 94,000 post cards distributed to 94 hair and nail salons, and 468 ads run on the jumbotron at the L.A. County Fair. Some ad materials provided SMS short codes enabling users to obtain clinic listings via cell phone.

In addition to paid media placements, 150,000 of the salon-type postcards, 3,000 posters, and 200 mirror clings were printed and distributed by STD Program to members of the *I Know* CAGs, and to various agencies serving the target population (e.g., schools, clinics, and CBOs). These collateral materials were not distributed all at once, but continually through the campaign to June 2009, at which time they were replaced by materials promoting the home test kit (see FY 2008-09 below). At that time, all the mirror clings, about 97% of the posters, and about 95% of the postcards had been distributed.

For a summary of *I Know* campaign media placements in 2007, see Appendix IV.

FY 2007-08¹

With the funds provided by the Third District in FY 2007-08, the *I Know* campaign could be expanded to cable television and online media. Now that funds were no longer needed for campaign development, it was determined that we could produce and run sufficient cable TV and online ads to complement and expand the initial impact of the outdoor and guerilla media. Cable TV combines some of the authority and broad reach of broadcast TV with the ability to target by geographic area (using cable zones), resulting in concentrated impact in the geographic areas of the target audiences. Online ads could be concentrated on websites (e.g., Facebook) most used by our target populations, with the added advantage that navigation to the campaign website (and its clinic locator feature) required just a click on the ad and would be virtually instantaneous. Another attractive media option, recommended by Fraser Communications (for young Latina women) was radio. However, the STD Program ultimately rejected the use of radio, due to the prohibitive expense required to reach African American women through this medium.

¹ Includes funds allocated in FY 2007-08 and expended in FY 2008-09 under a no-cost extension of the Fraser contract.

Three pairs of cable TV spots (six total) were produced in May 2008. Three of the spots were designed for immediate use, each spot emphasizing one of our targeted populations (African American, English-dominant Latina and Spanish-dominant Latina). The other three spots were identical, except for having a different final text screen and voice-over regarding a home test kit. These ads were produced at very low marginal cost, in anticipation of the possibility of being able to offer a home test kit in the future through the *I Know* website. We also anticipated using the TV ads in movie theater placements, and using photo elements from these ads to construct the online ads, creating extra value for their production cost. Both these elements were implemented as anticipated.

As with the first wave, the second wave of *I Know* ads was planned so that most elements ran at the same times or with considerable overlap, so that ads in different media would amplify and reinforce each other (see Appendix 2). The second wave commenced in the last week of June 2008, with 800 additional interior bus cards that ran through mid-September 2008. The cable TV ads commenced in the first week of August, running in four 2-or 3-week blocks through the end of October. In all, a total of 1,521 ads ran on six cable channels during nine weeks of actual ad placement. Spanning essentially the same 3-month period of August through October, 10,962 ads were run in two movie theater complexes (Magic Johnson and CityWalk, thought to be a destination site for youth from targeted geographic areas) with a total of 34 screens. Online ads ran for seven weeks, from mid-September through November 2, on three websites (Black Planet, Mi Gente, and LA.com), and for 13 weeks, from October 7 through December 3, on Facebook. These media were complemented by an additional 17 restroom placements in September, and two additional placements in the L.A. Weekly. STD PROGRAM also continued to distribute collateral materials from 2007 (posters, post cards) during this period.

For a summary of *I Know* campaign media placements from July, 2008 through March, 2009, see Appendix V.

FY 2008-09²

By early 2009, STD PROGRAM was able to complete lab verification and other steps necessary to implement the offering of a home test kit for CT and GC on the *I Know* website (www.DontThinkKnow.org). Home test kits accessible from a website had already been shown to be a feasible alternative to clinic-based testing by Dr. Gaydos of Johns Hopkins University. The STD Program perceived that the home test kit had immense potential to increase the impact of the *I Know* campaign on disease detection and treatment by eliminating an entire extra step to obtain testing. Women who went to the campaign website, or who called the STD Hotline, would no longer need to identify a clinic and then travel to the clinic for testing. Instead, they could obtain a test and their test results directly from the website or the hotline.

On June 10, 2009, to publicize this major change in the campaign – in effect the addition of a new product in the form of the home test kit – the campaign was re-launched with a

² Includes all funds expended during the period of the amended Fraser contract, from April 14, 2009 through April 13, 2010.

second press event at the Hall of Administration. The third wave of ad placements, harnessing nearly all forms of media previously used in the campaign, commenced on June 8, and ran through the end of August 2009, though some bonus elements remained in place through December.

Cable TV ads, using the three “home test kit” versions produced earlier, began the second week of June 2009 on the same six cable stations as in 2008, and continued in three-week blocks, plus a final bonus week at the end, through most of August 2009. In all, 1,670 ads were run during 10 weeks of actual ad placement.

Outdoor advertising also commenced in the second week of June 2009, with 325 bus kings and 3,000 interior bus cards running for eight weeks. Some bus kings, however, remained in place through October, and some interior bus cards through December 2009. Four eight-sheet (small) billboards also ran in the downtown area for one month.

The new cable ads ran again in two movie theater complexes, the Magic Johnson and South Gate Edwards theaters, for eight weeks, from June 8 through August 2, 2009. The Edwards complex, with 20 screens, had been identified as having greater likely impact on target populations through a survey conducted in Fall 2008 by the CFHC-sponsored *I Know* street team (see below). A total of 7,840 spots ran during this period before each movie shown on 35 total screens.

Online ads were especially crucial for the new home test kit version of *I Know*, because online viewers could now instantly order an actual test kit after clicking from the ad through to the *I Know* website. To maximize online impact, a more sophisticated approach to online advertising was used. In this approach, instead of placing *I Know* ads on a few specific websites, ads were sent to a variety of websites with high usage by our target populations. Placement of further ads was then targeted to those websites which showed the best viewer response. Using this new approach, online ads commenced on June 8 and ran for three months, yielding 15,610,114 viewer impressions. Of those who saw the online ads, 7,420 clicked through to the *I Know* website, and at least 209 ordered a home test kit.

New collateral materials featuring the home test kit were produced, including 75,000 postcards placed in hair and nail 75 salons during June, and 6,000 posters, 4,250 mirror clings, 2,000 window clings, 5,000 buttons, 66,000 palm cards, 5,000 coin purses, and 1,000 venue displays (small stands designed to hold the palm cards, e.g., on a counter or table). The buttons, coin purses, clings (removable stickers) and venue displays were developed in close consultation with the CAG and the street team. To date, of these new materials, the STD Program and the *I Know* street team have distributed approximately 2,650 posters, 61,700 palm cards, 600 venue displays, 600 window clings, 1,035 mirror clings, 2,275 coin purses, and 4,429 buttons.

For a summary of *I Know* campaign media placements in 2009-10, see Appendix VI.

California Family Health Council

The California Family Health Council (CFHC) administers distribution of federal Title X funds for family planning, and supports research and programs related to reproductive

health. CFHC has been highly supportive of the *I Know* campaign as a valuable contribution to their core mission, and has contributed substantial resources to augment *I Know* campaign efforts. In 2007, CFHC worked with the STD Program and Fraser Communications to produce collateral materials in both English and Spanish with *I Know* designs and messages, including 24,000 condom key chains, 30,000 lip balms, and 100,320 condom holders, at a total cost of \$87,264.71. In 2008, CFHC funded production of an additional 12,000 *I Know* condom keychains. These materials have been distributed to *I Know* CAG members and various other agencies by CFHC and the STD Program, and by the *I Know* street team (see below). To date, all but about 2,500 of the condom key chains have been distributed.

In 2008, CFHC also contributed \$13,401 to form an *I Know* street team, composed of youth working with the Planned Parenthood Los Angeles Ujima Center Youth Development Program. In CY 2009, CFHC provided an additional \$7,883 to fund the street team. The street team conducted a mapping survey of that identified 24 priority outreach locations, and has conducted outreaches reaching 18,600 youth at 48 locations. The street team also participated in the June 10, 2009 re-launch of the *I Know* campaign to introduce the home test kit, with members participating actively in the press event and providing interviews with the press.

CFHC has contributed an additional \$16,000 to continue street team activities in 2010. CFHC has also committed to providing \$10,000 to support *I Know*, including \$4,000 for enhancements to the website to enable a video contest and other promotions, and to enable the direct distribution of home test kits from specific locations (e.g., school nursing office), and \$6,000 to purchase additional palm cards and venue displays.

The *Check Yourself* Campaign

Media selections for the *Check Yourself* campaign were aided by the STD Program's extensive experience marketing to the MSM population in Los Angeles County in three previous social marketing campaigns, *It's Back, It's Curable* (2000), *Shed Some Light on Syphilis* (2001) and *Stop the Sores* (2002-2005). This experience included data from evaluations of *Stop the Sores* that had identified which media had most effectively reached MSM. This previous experience and evaluation data had demonstrated that use of the highly targeted print publications serving MSM, together with sustained outreach in gay bars, clubs, and other targeted venues, could achieve extremely high market penetration at relatively low cost.

FY 2006-07

As with the first wave of the *I Know* campaign, stock photography was used to save time and to reduce cost. A total of 13 print ads were run over a three-month period, from the end of June through September 2007. Print ads were placed in four publications, including three gay male-oriented magazines (*Frontiers*, *In L.A.*, and *Adelante*) and one general market publication (*L.A. Weekly*) with high readership in targeted campaign areas of West Hollywood, Hollywood, and Silverlake. The print ads were complemented with both outdoor and guerilla approaches, including placement of 60 bus shelter ads for two months (July 26 through August 26, 2007), and placement of 26 panels and 48 mirror swipes (removable stickers) in 13 health clubs for 14 weeks (July 15 through

October 14, 2007). Three ads were rotated on the Manhunt.com website for nearly five months, from early July through November 2007. Manhunt.com, a major internet resource for MSM seeking sex partners, placed these ads on the website at no charge.

The use of a street team to distribute materials in targeted venues had proven critical to the success of *Stop the Sores*. A *Check Yourself* street team was created, and 50,000 palm cards and 1,000 posters were printed for the team to distribute. The street team conducted 48 outreaches from mid-September through November 2007, with each outreach consisting of a three-hour shift by a 2-person team, and reaching one or more venues per shift.

On June 26, 2007, the campaign website, www.ReallyCheckYourself.org, was launched and continues to be operational through the present day.

For a summary of *Check Yourself* media placements and outreach in 2007, see Appendix VII.

FY 2007-08³

With the additional funding of \$718,108 provided by the Third District in FY 2007-08, the STD Program sought to replace the stock images with new images created specifically for the campaign, that would be more relevant and motivational to MSM within Los Angeles County. A photo shoot was conducted in May 2008 to create three new campaign images, each image focusing on a different MSM demographic (white, Latino, and African American). The new ad concepts were developed in close collaboration with the *Check Yourself* CAG.

The second wave of the campaign used new ads based on the photo shoot images. The second wave commenced in late May 2008, with elements continuing into the first quarter of 2009. Print advertising continued to be the backbone of the campaign, with a total of 47 ad placements in four gay press publications (*Frontiers*, *In L.A.*, *Adelante*, *Odyssey*, and *Metro Source*) and one general market publication (*L.A. Weekly*), extending from May 27 through March 2009.

The print ads were complemented by outdoor, theater, and guerilla ads. Outdoor placements included 25 bus shelters in highly targeted West Hollywood locations for 12 weeks (late September through mid-December 2008), and 2 large "bulletin" billboards (14' x 48') placed in January 2009, at La Cienega/Rosewood and at Sunset/Fountain.

Theater ads consisted of 5,040 still-shot slides shown three times every 20 minutes prior to each movie showing at the Laemmle Sunset 5 Theater in West Hollywood (5 screens, at Sunset and Crescent Heights) from July through September 2008.

Guerilla media approaches included 100,000 coffee sleeves for distribution at 34 cafés in July and September 2008, 114,000 bar coasters for distribution at 15 venues in September, November, and December 2008, and classic boards (restroom posters) in

³ Includes funds allocated in FY 2007-08 and expended in FY 2008-09 under a no-cost extension of the Fraser contract.

77 venues. These materials also used the new images, except for the coffee sleeves, which used imagery tailored to specifically for that item.

A total of 120,000 new palm cards and 4,000 new posters were printed with the new campaign images. These were distributed by the STD Program and by the street team. The street team conducted 143 outreaches over 37 weeks from July through mid-March.

The Manhunt.com website continued to provide free ad placement, with three ads rotated from October 2008 through March 2009.

For a summary of *Check Yourself* media placements and outreach in 2008 and the first quarter of 2009, see Appendix VIII.

FY 2008-09⁴

The third wave of *Check Yourself* continued to use images from the photo shoot. This wave consisted of 38 print placements from April through November 2009, in four gay press publications (Metro Source, Odyssey, Adelante, and Frontiers in L.A., a magazine formed by the merger of Frontiers and In L.A.). Frontiers in L.A. also provided *Check Yourself* promotions in 15 "email blasts," sent bi-weekly from June through December 2009 to 8,000 readers who had elected to receive such emails.

We also received bonus placements in the directory pages of Metro Source. Two large bulletin billboard placements were made in June and again in October 2009 (with a bonus extension of one June bulletin that displayed until July 15). The STD Program also received a bonus placement of 25 additional bus shelters for four weeks, from late July through mid-August 2009. Some of these bus shelters, however, remained in place as long as five months, through December 2009.

Classic boards (restroom posters) were also placed in 16 highly targeted venues per month from June through mid-October 2008, for a total of 77 total 4-week placements. Online ads, using images from the photo shoot, were placed for seven weeks, from July 28 through September 8, 2008, using the same self-optimizing approach that was taken in 2009 for *I Know*, in which ads are initially placed on many websites, with subsequent ads funneled to sites with the best viewer response.

The *Check Yourself* street team conducted 132 outreaches from mid-April 2009 through January 2010, at 32 venues and two festivals.

For a summary of *Check Yourself* media placements and outreach from April, 2009 through January, 2010, see Appendix IX.

Check Yourself Collateral Materials

After encountering some problems with distribution of the bar coasters in the previous year, the STD Program had discussions with bar managers and staff about the best

⁴ Includes all funds expended during the period of the amended Fraser contract, from April 14, 2009 through April 13, 2010.

materials for their patrons. From these discussions, the STD Program and Fraser Communications created bar cocktail napkins in three designs. A total of 200,000 of these napkins were printed in November 2009, with 152,000 distributed to date (mainly from November 2009 through January 2010) to eight venues. These have proven to be extremely popular with bar management and with patrons. An additional 106,000 napkins in one design are being printed for distribution through the rest of 2010.

Of other *Check Yourself* materials, the STD Program and the *Check Yourself* street team have to date distributed all but approximately 850 of the 50,000 original design palm cards and all of the 1,000 original posters, and approximately 92,480 palm cards and 2,489 posters with the photo shoot images.

During the social marketing campaign, www.DontThinkKnow.org received an average of 1,126 weekly visits; this dropped by 65% to 398 average weekly visits when the campaign ended. However, the campaign and publicity created enough brand awareness to sustain a healthy average number of weekly website visits.

***I KNOW* CAMPAIGN SURVEY EVALUATION**

The *I Know* social marketing campaign was evaluated with interview surveys collected prior to the launch of the campaign (baseline) and at the completion of the campaign (endline) from independent samples. A baseline survey (n=301) was conducted from May 11 through May 29, 2007 and an endline survey (n=599) was conducted from August 12 through September 2, 2009. These surveys utilized interviews conducted by trained interviewers with young African-American and Latina female respondents (ages 18 through 25) in SPAs 4, 6, and 8. Each interview lasted approximately 15 minutes and respondents were given a \$5 incentive for their time.

The demographic profiles of the baseline and endline convenience samples were largely comparable with notable exceptions in motherhood (an additional 10% report having children in the baseline) and geographic sampling (a larger sample was drawn from SPA 6 in the endline; see Table 2).

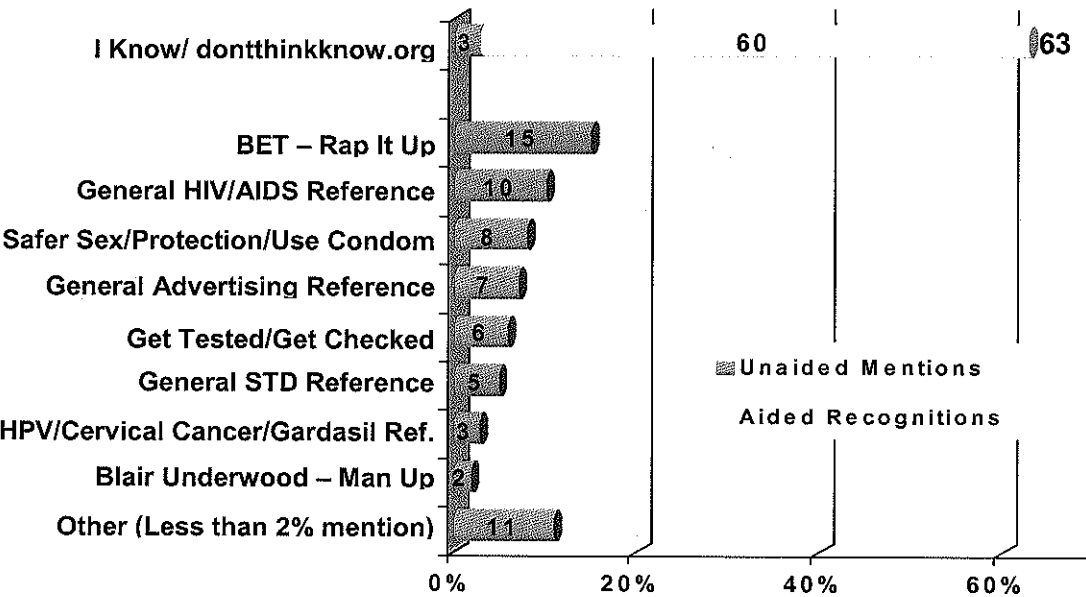
Table 2. Demographic profiles for baseline and endline samples.

	Baseline (n=301)	Endline (n=599)
Median Age (Mean)	21 (20.7)	20 (20.8)
African-American	50%	50%
English Dominant Latina	34%	31%
Spanish Dominant Latina	16%	19%
SPA 4 (Metro)	46%	28%
SPA 6 (South)	45%	59%
SPA 8 (South Bay)	7%	10%
Living with parents/relatives	64%	65%
Living with roommates	14%	10%
Living with boyfriend/partner	12%	13%
Income of less than \$15,000	48%	48%
Have Children	30%	20%
Steady Relationship	49%	48%

The impact of the *I Know* campaign was assessed in two principle ways. First, aided and unaided awareness for the campaign were measured in the context of other health messages in the community. Second, awareness for the campaign was analyzed against awareness measures for CT and GC as well as testing behavior in the last six months for CT and GC.

The results for campaign awareness were very positive, with 63% of the endline sample recognizing the campaign and 3% of that group spontaneously mentioning the campaign when asked to recall health messages in their community. In fact, unaided recall for the campaign fared as well as any combined reference to HPV, cervical cancer, or Gardasil, (a category of health messages that are currently targeting young women at a national level; see Figure 4).

Figure 4. Awareness for health messages in the community by endline sample.



When campaign awareness was examined against CT and GC awareness, women in the endline sample who were aware of the campaign were significantly more likely to have heard of CT and GC compared to women unaware of the campaign at the endline and the baseline sample (see Figures 5 and 6).

Figure 5. Awareness for CT by baseline sample and campaign awareness at endline.

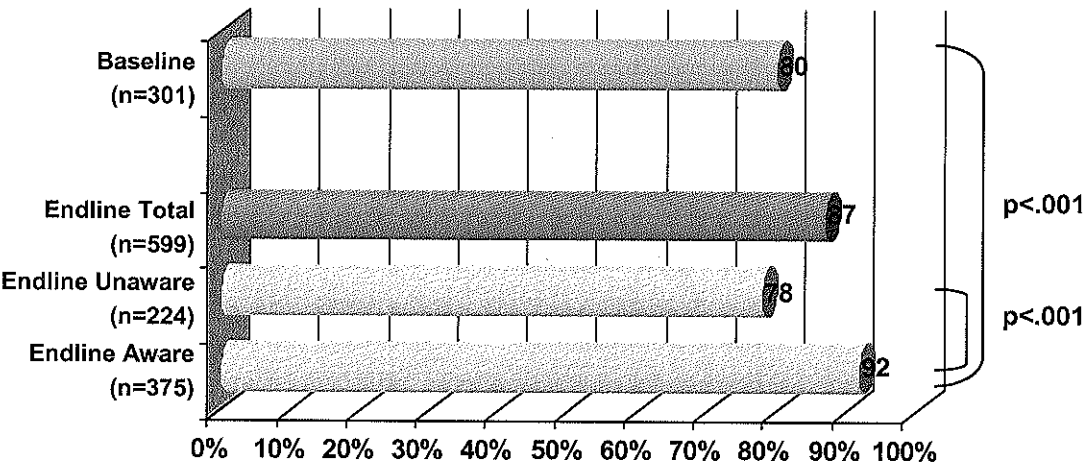
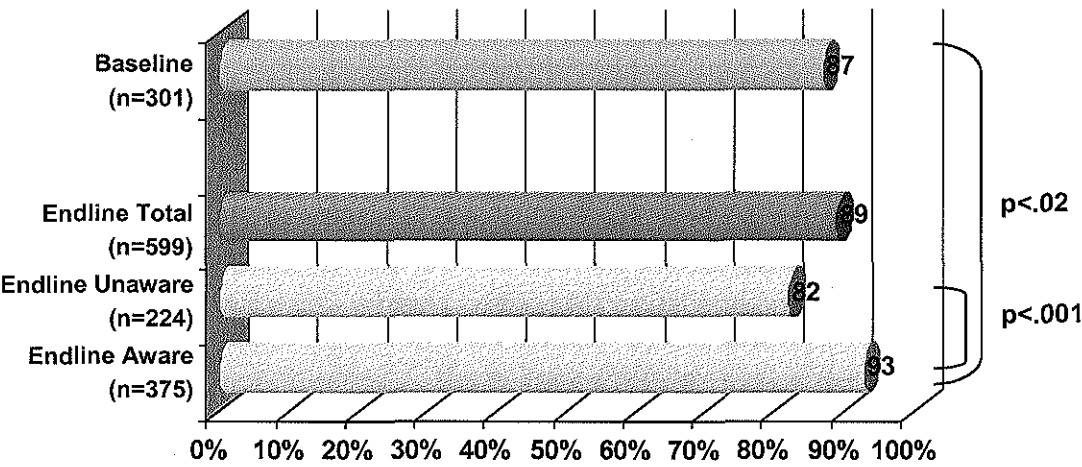
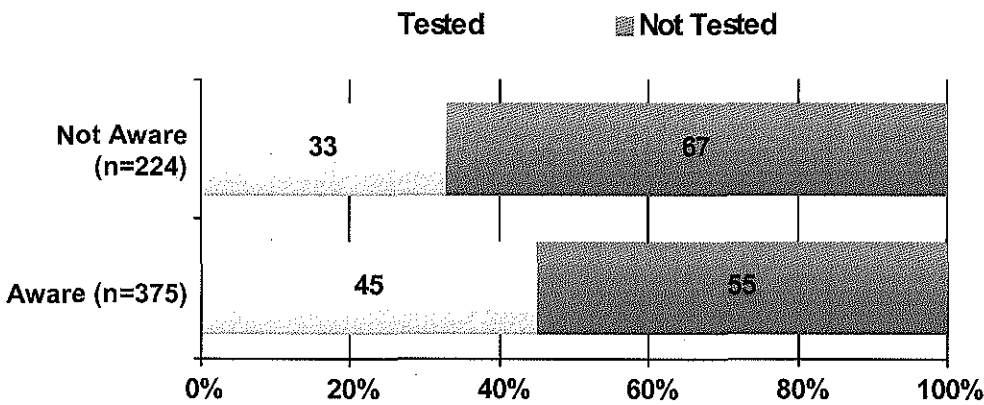


Figure 6. Awareness for GC by baseline sample and campaign awareness at endline.



The primary goal of the campaign was to motivate young women to test for CT and GC on a routine basis. When campaign awareness was examined against testing behavior for CT and GC in the last six months, the correlation was statistically significant (see Figure 7; $p=.003$). Women in the endline sample who were aware of the campaign were significantly more likely to have tested for CT and GC in the last six months compared to women who were unaware of the campaign (45% vs. 33%).

Figure 7. CT and GC testing in last 6 months by campaign awareness in endline sample.



There are several factors that may influence CT and GC testing behavior, including the demographic characteristics and risk behaviors of young women. The influence of being exposed to the *I Know* campaign messages was assessed in the context of all these factors with a multivariate analysis (only factors that were bivariately significant with CT and GC testing behavior were included in the model). After controlling for language, age, relationship status, children, ethnicity, medical insurance, previous STD diagnosis,

number of partners, and educational level, campaign awareness was significantly associated with having tested for CT and GC in the last six months. Specifically, women exposed to the campaign were 1.6 times more likely to have tested for CT and GC in the last six months compared to women who were not exposed to the campaign, even after controlling for other possible influences on testing behavior (see Table 3). However, as expected, other demographic and risk factors were also associated with CT and GC testing in this multivariate analysis.

Table 3. Multivariate analysis results for CT and GC testing in the last 6 months.

Variable		OR	95% CI		p-value
			Lower	Upper	
Campaign Awareness (Not aware vs. Aware)		1.56	1.02	2.38	.041
Language (Spanish vs. English)		3.00	1.56	5.75	.001
Age		1.05	0.96	1.16	ns
Relationship (No vs. Yes)		1.65	1.10	2.48	.015
Children (No vs. Yes)		2.04	1.18	3.51	.010
Ethnicity (Black vs. Latino)		0.90	0.77	1.05	ns
Medical Insurance (No vs. Yes)		0.89	0.57	1.38	ns
Previous STD Diagnosis (No vs. Yes)		3.83	1.85	7.94	.000
Number of Partners	None	REF	----	----	----
	One	12.87	4.45	37.18	.000
	Multiple	21.54	7.47	62.09	.000
Level of Education	Some High School or Less	REF	----	----	----
	Completed High School	1.33	0.70	2.52	ns
	Some College/Trade	2.00	1.02	3.91	.042
	College Graduate +	1.95	0.7	4.95	ns

These evaluation results indicate that the *I Know* social marketing campaign was successful in achieving its objectives (see Table 1). The majority (63%) of the endline sample recognized or recalled the campaign, and exposure to the campaign was significantly associated with CT and GC testing. More importantly, campaign awareness remained a significant predictor of CT and GC testing after controlling for several other factors. Finally, awareness for CT and GC was higher for the endline sample than the baseline sample with greater awareness among those aware of the campaign at endline.

***I KNOW* HOME TEST KIT – THE FIRST EIGHT MONTHS**

The *I Know* Home Test Kit was officially launched on June 10, 2009, with the website actually operational two days earlier. To the knowledge of STD Program staff, the *I Know* website is only the second website in the U.S. to offer CT and GC home testing kits online. (The first such website, IWantTheKit.org, operated through Johns Hopkins

University, serves several jurisdictions, but none as large as Los Angeles County). The *I Know* website had been completely overhauled to enable young women in L.A. County to order a home test kit online, to receive notifications that their order had been received and their results were ready, and to obtain results online. Home test kits and test results could also be obtained through the toll-free STD Hotline. The kit order system was configured to allow orders by women between the ages of 12 and 25 with a Los Angeles County address. The enhanced website also included extensive information about the home test kit and test results, a video demonstrating how to use the kit, a content management system (CMS) for administrative users, enabling most text and image changes on the site to be performed by STD Program staff without the need for additional programming, and data tracking and reporting capabilities. The availability of the home test kit has been publicized through all *I Know* campaign marketing and materials from June 2009 through the present.

The home test kit itself consists of simply a cotton swab for self-collection of vaginal specimens, a collection tube in which the swab is placed after the specimen is obtained, a lab requisition form, an instructional brochure (available in English and Spanish) and mailing materials for returning the specimen to the Public Health Lab (PHL). At PHL, specimens are then tested for CT and GC using the Gen-Probe APTIMA Combo-2 nucleic acid amplification assay, one of the most accurate CT and GC testing assays currently available. Self-collection of vaginal specimens for APTIMA Combo-2 was already FDA approved. The STD Program collaborated with CDC and with PHL in 2008 to perform a required verification study confirm the accuracy of mailed specimens using the same collection materials and testing system at PHL.

In the first eight months of operation (June 2009 through February 9, 2010) a total of 2,572 home test kits were ordered. Of these, 1,350 (52%) specimens were received by the PHL. The 52% rate of return was relatively high compared with previous data from *IWantTheKit.org*, which showed a far lower initial rate of return (closer to one-third).

Of the 1,350 specimens returned to PHL, 63 (5%) could not be tested, due to problems in the specimen or failure to properly label the specimen. Of the 1,286 testable specimens, 96 were positive for CT, 12 were positive for GC, and 5 were positive for both STDs, for an overall total of 108 positives, or 8.4% of testable specimens. For a summary of home test kit orders and positives, see Table 4.

Table 4. I Know Home Test Kit Orders and Results, June 8, 2009 – February 9, 2010

• Total home test kit orders:	2,572
• Total unique home kit clients:	2,368
• Total specimens returned:	1,350 (52% of orders)
• Total testable specimens:	1,286 (95% of specimens)
• Total specimens positive:	108 (8.4% of testable)
• Total confirmed treatment:	95 (88% of positives)

Most kits were ordered by older women among those eligible, with 85% of kits ordered by women 19-25. Nearly two-thirds of kits were ordered by women who were African American, Latina, or mixed race including African American or Latina – the target populations the *I Know* campaign is designed to reach. Most kits were ordered by

English speakers (98%), and most were ordered online (96%) (see Table 5). Nearly all women who ordered a kit requested to be notified that their result was ready (98%; see Table 6). The highest number of kits (570, 22%) were ordered from SPA 6 and the second highest number (450, 17%) from SPA 4, showing that the campaign was successful in reaching women in the target SPAs for the *I Know* campaign.

Table 5. Home Test Kit Clients by Age & Ethnicity

Age (Median = 22 yrs.)	Clients Who Ordered a Home Test Kit n = 2,368	
	Number	Percent
Ages 19 - 25	2,005	85%
Ages 12 - 18	361	15%
Ethnicity (Total African American and/or Latino = 66%)		
Hispanic/Latina	759	32%
African-American	641	27%
White	404	17%
Mixed race w/ African Amer. or Latino	168	7%
Asian/ Pacific Islander	159	7%
Native American	10	0.4%
Other	53	2%
Missing	174	7%

Table 6. Home Test Kit Clients by Order Modality and Language

		Total Clients (n = 2,368)	
		Number	Percent
Order Modality			
Online		2,285	96%
Phone		83	4%
Language			
English		2,323	98%
Spanish		32	1%
Missing		13	0.5%
Reminder Type			
E-mail		1,500	63%
SMS & E-mail		623	26%
SMS		209	9%
None		36	2%

Most women who returned a specimen to the PHL did obtain their results (1,176, 87%), most within one day of receiving notification. Most women who retrieved their results did so online (95% of a sub-sample of 316 women for whom mode of result retrieval could be measured).

Among the 108 positives, 84% were ages 19-25, and 43% were African American. The highest proportion of positives (27%) came from SPA 8, with 25% from SPA 6 and 13% from SPA 4.

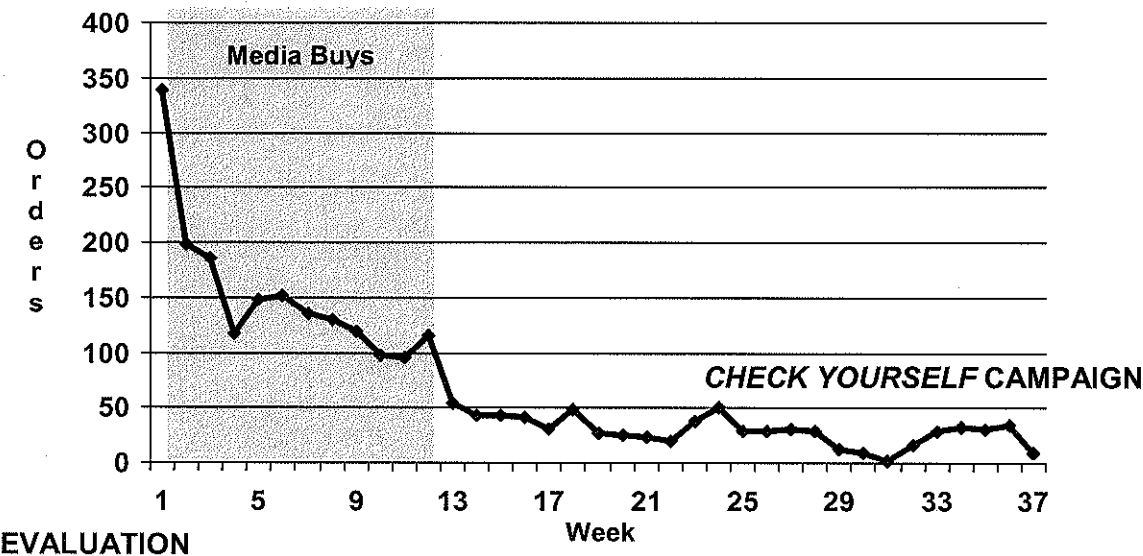
All positives were followed up by STD Program Public Health nurses. Of the 108 women who tested positive, 95 (87.9%) were confirmed treated, four (3.7%) were referred to other jurisdictions (e.g., Long Beach), and nine (8.3%) could not be reached despite repeated calls and/or emails, as well as home visits.

The early experience with the home test kit has shown that the kit is an appealing testing option for young women, including women in high morbidity populations and areas targeted by the *I Know* campaign. The program has further shown the significance of the internet in driving the appeal and utility of the kit; the great majority of women who ordered a kit did so online, and retrieved results online.

There are still some populations for which the kit has not been as successful, including younger age females (ages 12-17) and Spanish speakers. Efforts are already underway to expand the utility and availability of the home test kit to both these populations by making the kit available at specific locations (e.g., service agencies, schools), while retaining features of automated notification and online results retrieval.

The value of the media campaign in publicizing the kit and generating orders is clearly shown in Figure 8 below. During the campaign media placements, orders were typically above 100 per week, while after the end of the main media campaign, orders dropped to below 50 per week and lower.

Figure 8. Weekly home test kit orders during and after campaign



The *Check Yourself* social marketing campaign was evaluated with interview surveys collected prior to the launch of the campaign (baseline) and at the completion of the campaign (endline) from independent samples. The baseline survey was conducted in May 2007 (n=203) and the endline survey was conducted in August 2009 (n=306) of ethnically-diverse MSM in Los Angeles County.

The survey utilized a time-space sample, which is considered the gold standard for sampling MSM, and which approximates a population sample. Face-to-face interviews were conducted by trained interviewers. Each interview lasted approximately 15 minutes and respondents were given a \$5 incentive for their time. The survey questionnaire contained questions about demography, campaign awareness (both aided and unaided), syphilis knowledge, sexual risk behavior, and syphilis testing behavior. Respondents were also asked if they found *Check Yourself* ads appealing and motivational, and if they could relate to ads. Statistical tests were run to determine if there was an increase in testing from baseline to endline and if there was a correlation between campaign awareness and syphilis testing in the last six months.

In addition, website user statistics were collected electronically from August 1, 2007 through March 31, 2010. Specifically, the number of website visitors, number and type of website pages viewed, and the number of requests for clinics were tracked.

The demographic profiles of the baseline and endline convenience samples were largely comparable with notable exceptions of more Latino respondents and fewer white respondents at endline compared to baseline. In addition, the percent of respondents

making less than \$15,000 a year increased substantially from baseline to endline (see Table 7).

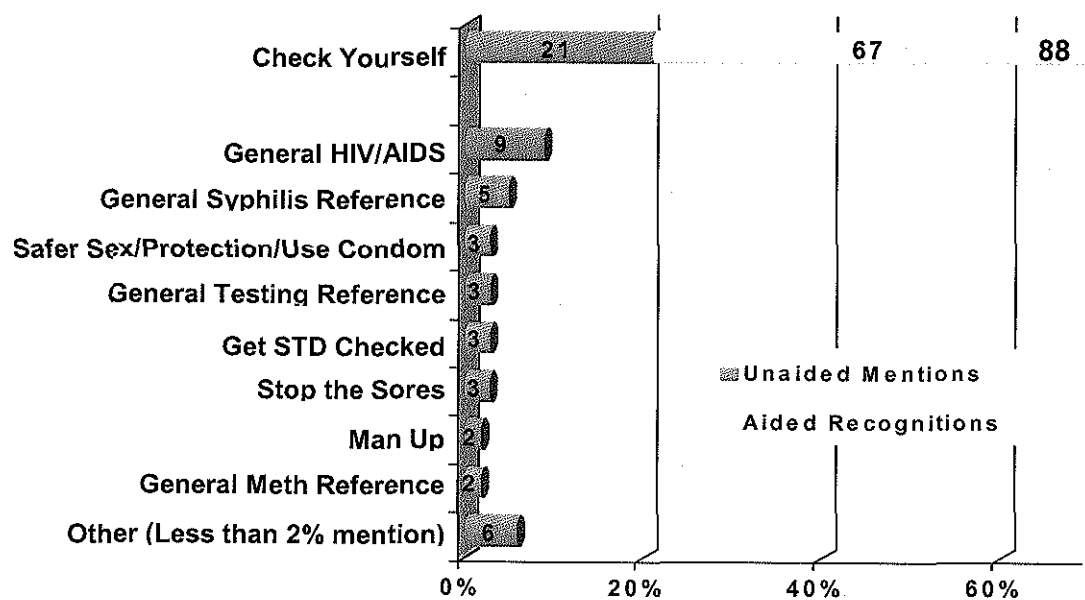
Table 7. Demographic profiles for baseline and endline samples.

	Baseline	Endline
	N=203	N=306
Media Age (Mean)	38 (39)	36 (40)
African-American	14%	13%
Latino/Hispanic	24%	30%
Asian/Pacific Islander	6%	6%
White/Caucasian	52%	48%
Other	4%	3%
Gay	88%	91%
Bisexual	10%	8%
Heterosexual	1%	0%
Other	2%	1%
Income of less than \$15,000	3%	14%

Campaign awareness was a main outcome of interest. Both aided and unaided awareness for the campaign were measured in the context of other health messages in the community in the year preceding the survey.

The results for campaign awareness were extremely high, with 88% the endline sample recognizing the campaign and 21% of that group spontaneously mentioning the campaign when asked to recall health messages in their community. In fact, unaided recall for the campaign fared much higher than any other specific campaign, and even higher than any mention of HIV/AIDS in general (see Figure 9).

Figure 9. Awareness for health messages in the community by endline sample.



Men who were aware of the campaign were more likely to have been tested for syphilis in the last six months (47% unaware vs. 58% aware); however, this difference was not statistically significant (see Figure 10). This lack of a significant difference may be due to the small proportion of individuals who were unaware of the campaign (12%). Syphilis testing did increase at the LAGLC during the *Check Yourself* campaign, however, no causal relationship can be established simply due to the sequence of events (see Figure 11).

Figure 10. Syphilis testing in last 6 months by campaign awareness in endline sample.

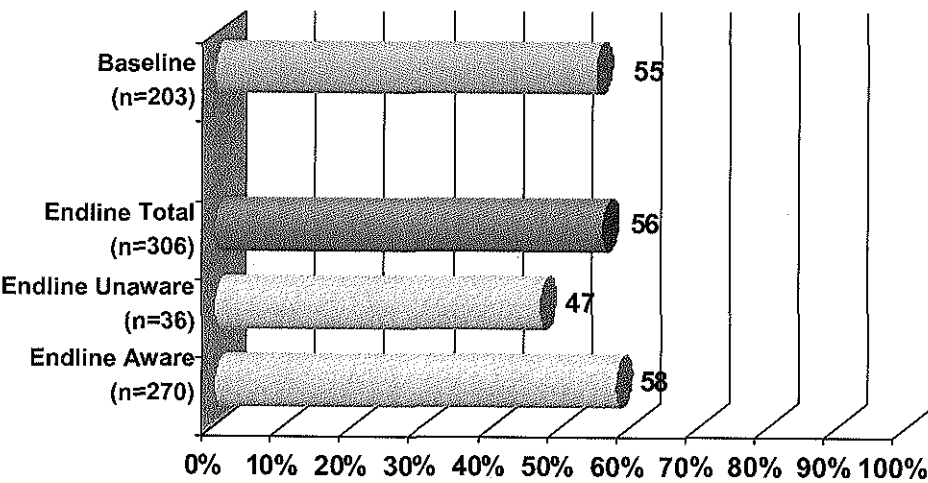
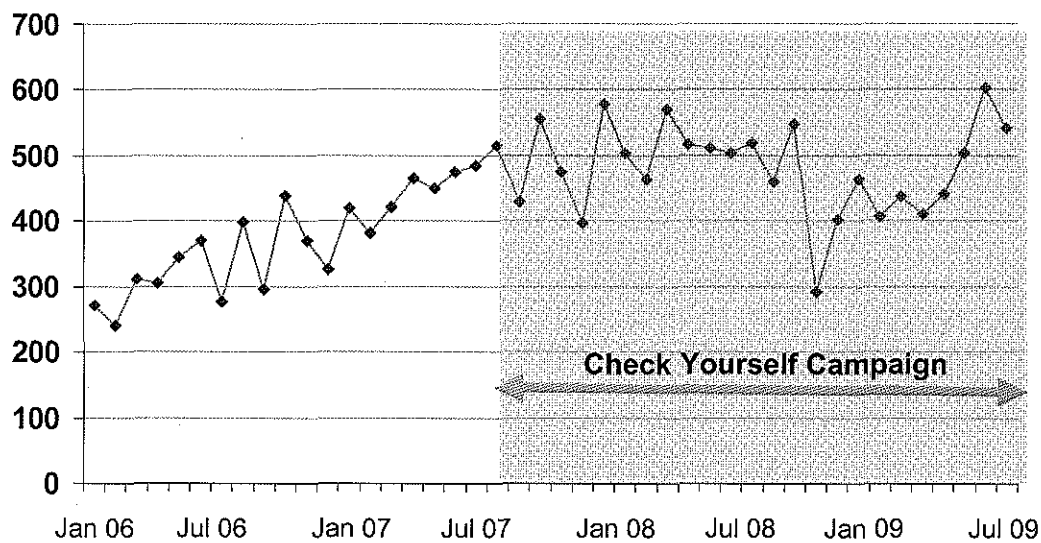
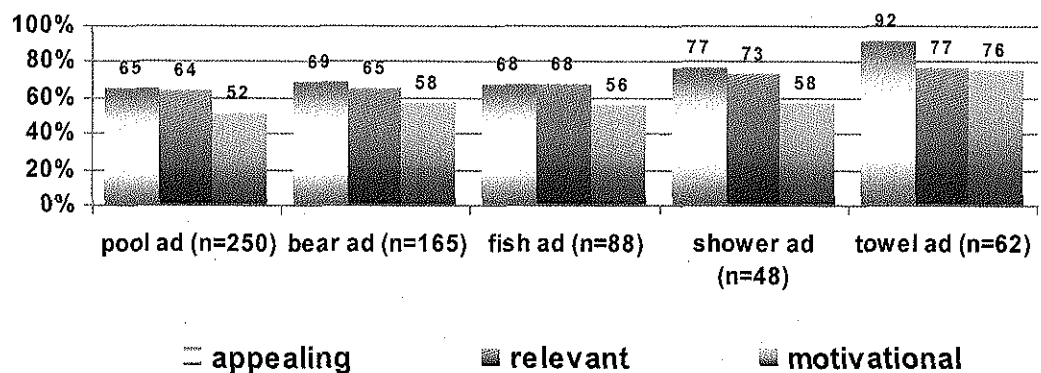


Figure 11. Number of syphilis tests performed per month among MSM at LAGLC clinics



Overall, the *Check Yourself* campaign was very well received by MSM in Los Angeles County (see Figure 12). While reactions varied by ad, the majority of men found the ads to be appealing and motivational, and reported that they could relate to the ads.

Figure 12. Percent who agreed or strongly agreed



Raising syphilis knowledge was a key goal of the campaign. Several of the key *Check Yourself* campaign messages were more likely to be known by respondents who were aware of the campaign. For example, individuals who were aware of the campaign were more likely to know that a rash on the body, hands, or feet is a common symptom of the disease, syphilis can damage the nervous system if untreated, and that syphilis affects HIV transmission. Nearly all of the knowledge outcomes were higher for those who were aware of the campaign versus those who were unaware; however, most were not statistically significant. Again, this lack of a significant difference may be due to the small proportion of individuals who were unaware of the campaign (12%).

One of the main objectives of the *Check Yourself* campaign was to get MSM in Los Angeles County to go to the *Check Yourself* website to find local syphilis testing resources. There were a total of 8,191 visitors to the *Check Yourself* website. These visitors viewed a total of 23,291 pages in all. More than half of all website visitors (4,295) used the clinic locator to find a local syphilis testing resources.

CEDIS PROGRAM EVALUATION

This section presents the evaluation of the effectiveness of the CEDIS model compared with the traditional DPH PHI model in providing partner notification services for newly-identified early syphilis cases at LAGLC and AHF.

Traditional partner notification services within the DPH STD Program are as follows: providers within Los Angeles County inform the STD Program of newly identified syphilis cases; these cases are routed to different PHIs stationed at central headquarters; the PHIs contact assigned cases for an interview to elicit partner information; and PHIs attempt to contact partners to inform them of a possible syphilis exposure and to assure that partners are tested and treated for syphilis.

As mentioned earlier, two main differences distinguished the CEDIS model from the traditional PHI model. First, the CEDISs were stationed at the diagnosing clinic rather than at central headquarters so the CEDISs were rapidly routed information about newly-identified syphilis cases or, often, routed the newly diagnosed person for the initial interview. Second, the CEDISs were peers of the MSM community, not a DPH employee and their job activities were fully integrated into the clinic's normal workflow.

All PHIs, including the CEDISs, are required to enter data about syphilis cases into the STD*CASEWATCH Surveillance data system. This database contains data on all CT, GC and syphilis cases reported in Los Angeles County. Its data is used for local, regional, and national surveillance reporting purposes. The performance measures evaluated for this report were adapted from the *Centers for Disease Control Recommendations and Reports for Partners Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydia Infection; November 7, 2008* and extracted from this database system. The key performance measures include:

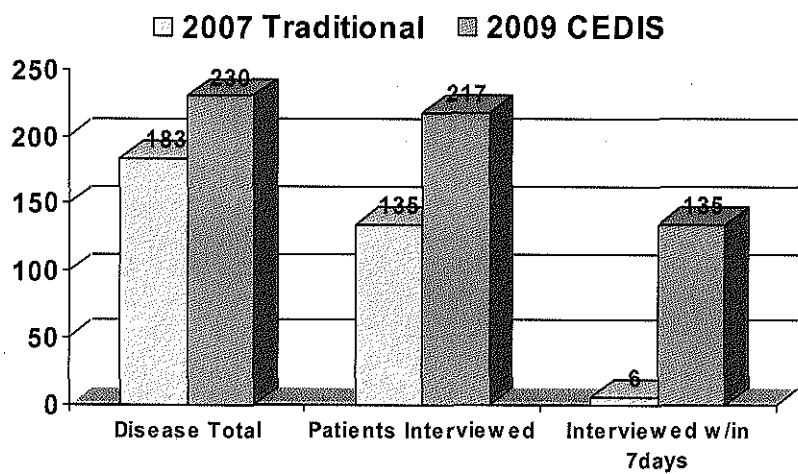
- Time to interview: the time between clinic visit date and interview date
- Number of early syphilis cases lost to follow-up (i.e., not interviewed)
- Number of partners named and provided locating information
- Number of partners preventively treated for syphilis

We evaluated the CEDIS model with the key performance measures by comparing data from LAGLC and AHF at two different time periods: traditional partner notification in 2007 (before implementation of the CEDIS program at LAGLC and AHF) and CEDIS partner notification in 2009 (after implementation of the CEDIS program at LAGLC and AHF).

The CEDIS model was significantly successful in interviewing new early syphilis cases overall and within seven days of clinic visit compared with 2007 (see Figure 13). Overall, 94% of cases in 2009 were interviewed compared with 74% in 2007, a 27%

increase. Furthermore, only 6% of cases were lost-to-follow-up in 2009 compared with 26% of cases in 2007. In 2009, 59% were interviewed within seven days of their clinic visit date compared with 5% in 2007, a ten-fold increase. A study by Marcus et al on partner notification indicated that interviews conducted within two weeks of diagnosis yielded more new positives among partners.

Figure 13. Early syphilis case total and the number of cases interviewed by the traditional PHI and the CEDIS model.



We saw a significant improvement in the number of partners named and provided locating information and the number of partners preventively treated with the CEDIS model in 2009 compared with the traditional PHI model in 2007 (see Figures 14 and 15). In 2009, 366 partners were named compared with 76 partners in 2007, a 350% increase. In 2009, 178 partners were preventively treated for syphilis compared with 33 partners in 2007, an over four-fold increase.

Figure 14. The number of partners named and provided locating information by the traditional PHI model and the CEDIS model.

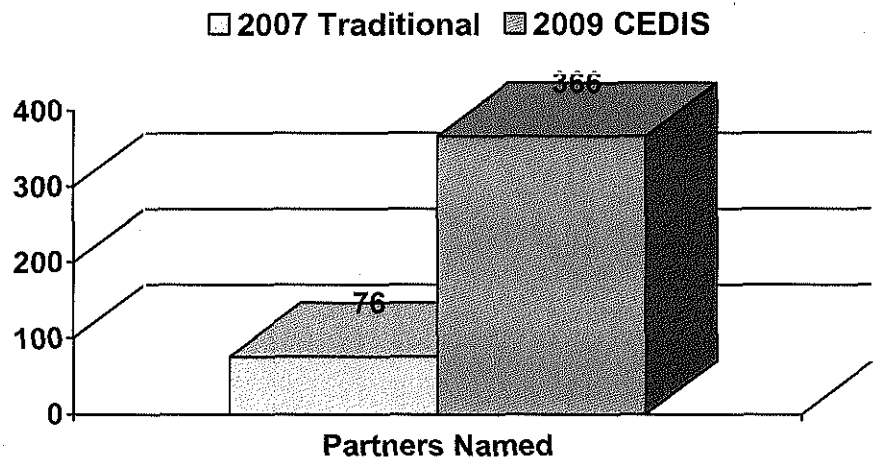
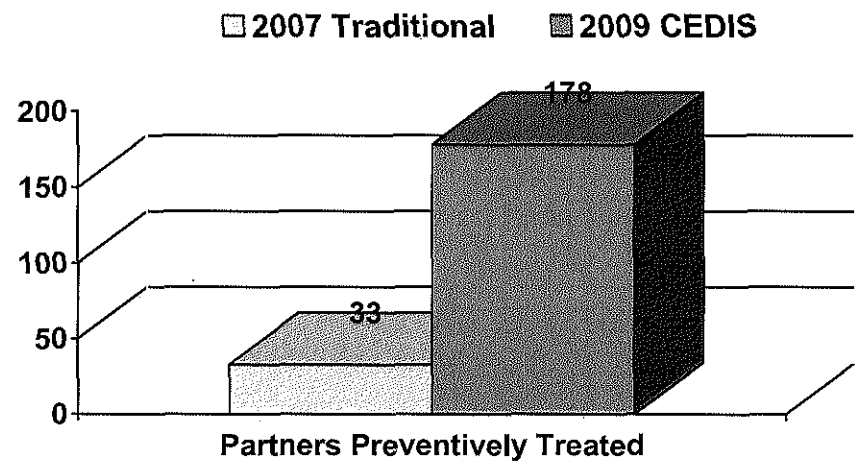


Figure 15. The number of partners preventively treated for syphilis by the traditional PHI model and the CEDIS model.



The results of this evaluation indicate that the CEDIS model was successful in improving partner services extended to MSM early syphilis cases in Los Angeles County. Over three times as many partners were elicited and four times as many partners were preventively treated compared with before implementation of the CEDIS program.

We attribute several key aspects of the CEDIS program to its success. First, successfully accessing newly-infected early syphilis cases shortly after their diagnosis may have contributed to the documented improvement in eliciting contacts. Second, the CEDISs were peers of the MSM community. Third, the CEDIS were staff members of the agency and this may have contributed to the agencies' favorable shift in attitude towards partner notification. Fourth, by making the CEDIS officially linked to the STD Program, the Program ensured its influence over technical oversight, expertise and review of the CEDIS's work.

The CEDIS program highlights the benefits of partner notification services as a key public health strategy to increase the number of early syphilis cases who receive early medical evaluation, treatment, and care and to potentially curb the spread of this disease. The CEDIS program additionally overcame some of the barriers to successful partner notification services such as timely interviewing and loss to follow-up of newly-infected cases and acceptability from newly-infected cases. Given the dramatic success in performance measures experienced by the CEDIS, we hope to expand the program to begin to follow-up newly or recently-diagnosed HIV cases.

CONCLUSIONS

I Know Campaign

1. The *I Know* campaign, one of the first in the United States to address CT and GC specifically in young women of color, was developed with extensive formative research, based on focus groups with the target, and consultation with a CAG of agencies and community leaders serving the target population.
2. The campaign achieved a very high level of awareness (63%) among young African American and Latina women.
3. Women who were aware of the campaign were more than 1.5 times more likely to have tested for CT and GC in the previous six months than those who had not seen the campaign.
4. Those who had seen the campaign were also more aware of CT and GC.
5. In 2009, the *I Know* campaign began to offer CT and GC testing directly through a home test kit. In the first eight months of operation, the home test kit program generated 2,572 orders, resulting in 1,350 specimens being sent to the Public Health Laboratory, and detection of 108 positives (8.4% of testable specimens). This level of case detection exceeds that of many STD clinics.

Check Yourself Campaign

1. The *Check Yourself* Campaign achieved an extremely high level of awareness (88% according to the endline survey).
2. The campaign was very well received by MSM, the target audience, who found the campaign ads to be appealing, relevant, and motivational overall.
3. Those aware of the campaign demonstrated significantly more syphilis knowledge in several key areas than those who were unaware.
4. While syphilis testing increased slightly from the baseline to the endline survey, and testing was higher among those who were aware versus unaware of the campaign, these results were not statistically significant.

CEDIS Model

1. The CEDIS model was successful in improving partner services extended to MSM early syphilis cases in Los Angeles County by significantly reducing the time-to-interview of cases, increasing the number of partners elicited, and increasing the number of partners that could be preventatively treated.

SUSTANABILITY & FUTURE DIRECTIONS

I Know Campaign

The STD Program had forged relationships with Los Angeles Unified School District (LAUSD) and the Department of Public Social Services (DPSS) to continue the impact of the campaign. *I Know* venue displays and palm cards have been placed at every local DPSS office in targeted areas of SPAs 4 and 6, and LAUSD has promoted orders of *I Know* materials by nurses and teachers. LAUSD is also collaborating with the STD Program to distribute a CD to health teachers with *I Know* lesson plans and exercises.

The STD Program is working with the California Family Health Council (CFHC) and Planned Parenthood LA, sponsors of the *I Know* street team, to implement an *I Know* video contest for youth to take place in Fall 2010, with the purpose of the contest to generate further publicity for the campaign and the home test kit. The *I Know* campaign and home test kit program have also attracted the attention of several other jurisdictions, including San Mateo and El Dorado counties, as well as state-wide agencies such as CFHC, who have expressed interest in expanding campaign elements and home testing to their residents and clients. Schools and DPH clinics have expressed considerable interest in making the home test kit available at their locations. The STD Program is working with N-Tonic, the developer of the home test kit features on *I Know* website, to create this "point of service" capability, while retaining the ability to track kits and provide results online. This service could be especially beneficial to teens, who may be ordering fewer kits due to issues around receiving a kit at their home.

Check Yourself Campaign

The success of the *I Know* home test kit has led to considerable interest by agencies serving MSM in replicating online home testing through the *Check Yourself* website. The *Check Yourself* campaign, with its emphasis on testing and near-universal awareness in the MSM population in Los Angeles County, is an ideal vehicle for promoting such testing to MSM as a means of reducing STD and HIV transmission. The STD Program is working with Fraser Communication and N-Tonic to add features to the *Check Yourself* website to enable online ordering of test kits, and retrieval of results. Home testing for rectal CT and rectal and oral GC can be implemented with existing resources. However, it is feasible that home blood-spot testing for HIV and preliminary screening for syphilis could be added in the relatively near future. These innovations could vastly increase testing and early detection of these STDs among MSM in Los Angeles County, as well as, greater attention to these infections by the MSM community.

CEDIS

The enormous impact of the CEDIS program has prompted careful attention to using similar models in other high morbidity populations and areas, including young men and women of color in SPA 6. At the same time, it will be crucial to maintain and if possible expand the CEDIS program currently in place, to continue to interdict the chain of infection of syphilis and other STDs among MSM.

ACKNOWLEDGMENTS

The projects in this report were made possible due to the vision and commitment of the Third Supervisorial District, which not only provided all the financial resources to develop and implement the social marketing campaigns, but provided the sustained support over several years that was critical for all these projects to truly succeed.

Virtually all STD Program staff and several key DPH programs contributed in significant material ways to the social marketing efforts, the home test kit, and/or the CEDIS program. In addition, the following Public Health staff, community agencies, and vendors were indispensable to the development and implementation of these programs:

California Family Health Council
The Centers for Disease Control and Prevention
Check Yourself Community Advisory Group
Fraser Communications
I Know Community Advisory Group
N-tonic, Inc.
Planned Parenthood Los Angeles



APPENDIX-1

**Los Angeles County Department of Public Health
Sexually Transmitted Disease Program
FY 2006-07 / *Know* Media Plan**

	2007																													
	MAY			JUNE				JULY					AUGUST				SEPTEMBER					OCTOBER				ACTIVITY	IMPRESSIONS			
	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	3	10	17	24	1	8	15	22					
OUTDOOR																														
8-Sheet Posters										July 2 - August 26																		100+25 NC	66,430,000	
Bus Kings										July 2 - August 26																			160	35,328,000
Interior Bus Cards										July 2 - August 26																			800 total	32,884,632
PRINT PUBLICATIONS (Week Of Street Dates Reflected)																														
LA Weekly (Weekly, Circ: 210,000)																											2	420,000 Circ		
GUERRILLA MEDIA																														
Lifestyle Posters (Inside)									7/2 - 7/29				8/6 - 9/2														500	20,000,000		
Classic Boards (Restrooms)									7/2 - 7/29								9/3 - 9/30										20	626,400		
Hair and Nail Salon Postcards (94 venues)														August 1 start			September 1 start										94,000	94,000		
Text Messaging Program									July 1 - August 31																		20,000 max. texts	N/A		
85th Annual L.A. County Fair - Super Screen :15's																	9/7 - 9/30										468 spots	1,427,656		
Total Impressions / Impact																										157,210,688				



	2008																								2009												Activity	Impressions					
	July				August					September				October				November				December				January				February				March									
	30	7	14	21	28	4	11	18	25	1	8	15	22	29	6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23	2	9	16	23				
CABLE TV (:30's)																																											
Networks: Comedy Central, MTV, E!, BET, FX, and Galavisión																																											
OUTDOOR																																											
Interior Bus Cards																																											
CINEMA ADVERTISING																																											
Magic Johnson Theater (15 screens) - :30 spots running 1x prior to each movie; Estimated 12-week attendance: 135,900																																											
Citywalk Theater (19 screens) - :30 spots running 1x prior to each movie; Estimated 12-week attendance: 207,921																																											
PRINT																																											
Ad Unit: Page 4-Color																																											
LA Weekly (Weekly, Circ: 210,000)																																											
GUERRILLA MEDIA																																											
Classic Boards in Women's Restrooms (17 venues)																																											
ONLINE																																											
Facebook																																											
Black Planet																																											



**Los Angeles County of Public Health
Sexually Transmitted Disease Program
FY 2008-09 / *Know* Media Plan**

APPENDIX- 3

	2009																				Total Activity	Impressions				
	May					June				July				August					September							
Holidays in Red	27	4	11	18	25	1	8	15	22	29	6	13	20	27	3	10	17	24	31	7	14	21				
CABLE TV (:30's)																										
Networks: Comedy Central, MTV, E!, BET, FX, and Galavision																							9 Weeks / 167 Spots Per Wk	541,015		
Negotiated Bonus Week																						1 Week / 167 Spots				
OUTDOOR																										
Bus Kings (#25 Showing)							June 8 - August 2					Override bonus, various units through October											325 Units/Month for 2 Months	39,448,000		
Interior Bus Cards							June 8 - August 2					Override, various units through December											3,000 Units/Month for 2 Months	98,058,620 (not including bonus)		
8-Sheets in Downtown L.A.							June 8 - July 5																4 Units	1,321,600		
CINEMA ADVERTISING (PG 13+)																										
Magic Johnson Theater (15 screens) - :30 spots running 1x prior to each movie; Estimated 8-week attendance: 90,600							June 19 - August 13																3,360 Est. Spots	90,660		
South Gate Edwards Theater (20 screens) - :30 spots running 1x prior to each movie; Estimated 8-week attendance: 229,675							June 19 - August 13																4,480 Est. Spots	229,675		
GUERRILLA MEDIA																										
Hair & Nail Salon Post Cards (75 venues)																							75,000 Post Cards	900,000		
ONLINE																										15,610,114 impressions, with 7,420 click-throughs to site, and 209 kit orders
Multiple websites for African-American & Latina Women (self-optimizing "portal" approach)							June 8 - August 22																		15,610,114 Impressions	
Total Impressions / Impact																							156,199,684			



APPENDIX-4

Los Angeles County Department of Public Health
Sexually Transmitted Disease Program
FY 2006-07 *Check Yourself* Media Plan

	2007																												# Items	Total Delivery			
	MAY			JUNE				JULY					AUGUST				SEPTEMBER					OCTOBER				NOVEMBER							
	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	3		
PRINT PUBLICATIONS (Week Of Street Dates Reflected) - Page 4-Color																																	
Adelante (Monthly, Circ: 30,000)																															3	90,000 Circ	
Frontiers (Bi-Weekly, Circ: 46,000)																															4	184,000 Circ	
IN Magazine (Bi-Weekly, Circ: 35,000)																															4	140,000 Circ	
LA Weekly (Weekly, Circ: 210,000)																															2	420,000 Circ	
OUTDOOR																																	
Bus Shelters																															50+10 NC	82,464,000	
HEALTH CLUB PANEL NETWORK																																	
13 Targeted Health Club Locations																																	
2 Standard Panels (16" x20") in Locker Rooms & Grooming Areas																															26 Panels	5,063,040	
Mirror Swipes (5" x 5")																															48		
ONLINE																																	
ManHunt.net - 540 x 200																															3 ads, rotated	NA	
OUTREACH EFFORTS																																	
4/wk for 12 wks																															48 outreaches	NA	
Total Impressions / Impact																																	88,361,040



APPENDIX-5

Los Angeles County Department of Public Health
Sexually Transmitted Disease Program
FY 2007-08 *Check Yourself* Media Plan

	2008																					2009																Activity	Impressions																
	June					July					August					September					October					November					December					January					February					March					April				
Holidays in Red	26	2	9	16	23	30	7	14	21	28	4	11	18	25	1	8	15	22	29	5	12	19	26	2	9	16	23	30	6	13	20																								
PRINT																																																							
Ad Unit: Page 4-Color Bleed except LA Weekly which are 4-Color only																																																							
Adelante (Monthly, Circ: 30,000)																																																							
Frontiers (Bi-Weekly, Circ: 48,000)																																																							
IN Magazine (Bi-Weekly, Circ: 35,000)																																																							
LA Weekly (Weekly, Circ: 210,000)																																																							
MetroSource LA* (Bi-Monthly, Circ: 45,000)																																																							
Odyssey (Bi-Weekly, Circ: 30,000)																																																							
PRINT TOTAL COST																																																							
*Includes bonus 1/8BW ad to appear in directory along with a listing																																																							
OUTDOOR																																																							
Bus Shelters (25 units) - cherry-picked in West Hollywood																																																							
Bulletins (2 units) - 14'x48' - La Cienega / Rosewood - Sunset/Fountain																																																							
CINEMA ADVERTISING																																																							
Leemille Sunset Theatre (5 screens): static slides running 3x every 20 minutes prior to movie; Estimated 12-week attendance: 188,887																																																							
GUERRILLA MEDIA																																																							
Bar Coasters (15 venues)																																																							
Coffee Sleeves (34 cafes)																																																							
Classic Boards, Men's Restrooms (77 venues)																																																							
GUERRILLA TOTAL COST																																																							
ONLINE																																																							
ManHunt.net - 540 x 200																																																							
MSM OUTREACH TEAM 2-person teams, 3-hr shifts 2008: avg. 5x / wk. 2009: avg. 3x / wk.																																																							
Total Impressions / Impact																																																							

26,608,287



Los Angeles County of Public Health
Sexually Transmitted Disease Program
FY 2008-09 *Check Yourself* Media Plan

APPENDIX-6

Holidays in Red Long Beach Gay Pride (5/16-5/17) L.A. Gay Pride (6/13-6/15)	2009																														Total Activity	Impressions										
	April				May				June				July				August				September				October				November				December									
	30	6	13	20	27	4	11	18	25	1	8	15	22	29	6	13	20	27	3	10	17	24	31	7	14	21	28	5	12	19			26	2	9	16	23	30	7	14	21	
PRINT (Ad unit: Full Page 4-Color Bleed)																																										
Adelante (Monthly, Circ: 30,000)																																								7	420,000	
Frontiers in LA (Bi-Weekly, Circ: 35,000)																																								14	980,000	
MetroSource LA (Bi-Monthly, Circ: 45,000)																																								3	270,000	
MetroSource LA Directory Pages																																								NA		
Odyssey (Bi-Weekly, Circ: 30,000)																																								14	840,000	
PRINT TOTAL COST																																								38		
OUTDOOR																																										
Bulletins (2 units per month for 2 months, with 1 bonus month) - 14'x48'																																								4 Total Bulletins	47,250,000	
Bus Shelters (25 units) - Bonus (Units were removed gradually after scheduled 4-week bonus flight, but some remained in place through 12/09)																																								25 Units	est >21,000,000, based on previous bus shelter flight	
GUERRILLA MEDIA																																										
Classic Boards in Men's Restrooms																																								77 Total Boards	1,218,000	
ONLINE																																										
Online ads Multiple websites (self-optimizing "portal" approach)																																								1,832,143 impressions	1,832,143 impressions, with 2,305 click-throughs	
Frontiers in L.A. Email Blasts (8,000 unique subscribers per blast)																																								10 Email Blasts, 8,000 recipients per blast	120,000	
OUTREACH																																										
Street Team - more than 32 locations / venues and 2 festivals																																								132 outreaches	NA	
Total Impressions / Impact																																									73,930,143	

*Bonus ad - Odyssey makegood insertion for missed ad in 10/24/08 issue
^Bulletin on Palm & Santa Monica (#01671) bonus override until 7/15